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8 *Attorneys for Plaintiff*

9 **UNITED STATES DISTRICT COURT**  
10 **EASTERN DISTRICT OF CALIFORNIA**

11 DOROTHEY HEIMBACH,  
12 individually and as successor in  
interest to Anthony Silva,

13 Plaintiff,

14 vs.

15 STANISLAUS COUNTY; and DOES  
16 1-10, in their individual capacities,

17 Defendants.

Case No.: 2:23-cv-01887-DJC-KJN

18 **DECLARATION OF DOROTHEY  
HEIMBACH AS SUCCESSOR IN  
INTEREST TO ANTHONY SILVA  
(C.C.P. § 377.32)**

19 [Cal. Code Civ. Proc. §377]

20  
21 **DECLARATION OF DOROTHEY HEIMBACH PURSUANT TO CAL.**  
**CODE OF CIVIL PROCEDURE SECTION 377.32**

22 I, DOROTHY HEIMBACH, declare as follows:

23 1. My name is Dorothy Heimbach, I am a competent adult over the  
age of eighteen and a plaintiff in this action.

24 2. I have personal knowledge of the facts contained in this declaration,  
and if called as a witness I could and would testify competently to the truth of the  
facts stated herein.

3. I am the mother of decedent, Anthony Silva, who died on September 10, 2023.

4. No proceeding is now pending in California for administration of the decedent's estate. Further, no proceeding for admission of decedent's estate is pending in any other state court at this time.

5. I am decedent's successor in interest as defined in Section 377.11 of the California Code of Civil Procedure and succeed to the decedent's interest in the action or proceeding as the mother of decedent.

6. No other persons have a superior right to commence this action or proceeding, or to be substituted for Decedent in this pending action or proceeding.

7. A certified copy of decedent's death certificate is attached hereto as "Exhibit A".

I, Dorothy Heimbach, declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Nov 14, 23 in Modesto, Ca.

Dorothy Heimbach

# Exhibit A

## STATE OF CALIFORNIA

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**HEALTH SERVICES AGENCY  
STANISLAUS COUNTY  
PUBLIC HEALTH DIVISION**

3052023201780

**CERTIFICATE OF DEATH**

3202350003788

STATE FILE NUMBER								LOCAL REGISTRATION NUMBER			
1. NAME OF DECEDENT- FIRST (Given) <b>ANTHONY</b>		2. MIDDLE <b>MICHAEL</b>		3. LAST (Family) <b>SILVA</b>							
AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/yy <b>09/14/1982</b>		5. AGE Yrs. <b>40</b>		6. IF UNDER ONE YEAR Months _____ Days _____		7. IF UNDER 24 HOURS Hours _____ Minutes _____	
8. BIRTH STATE/FOREIGN COUNTRY <b>NV</b>		10. SOCIAL SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SPDOP [At Time of Death] <b>NEVER MARRIED</b>		8. HOUR 24 Hour <b>2126</b>		7. DATE OF DEATH mm/dd/yy <b>09/10/2023</b>	
13. EDUCATION - Highest Level/Degree [see worksheet on back] <b>HS GRADUATE</b>		14. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? If yes, see worksheet on back <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>PORTUGUESE, CAUCASIAN</b>							
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>KARATE INSTRUCTOR</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>MARTIAL ARTS</b>		19. YEARS IN OCCUPATION <b>11</b>							
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>251 E. HACKETT RD.</b>											
21. CITY <b>MODESTO</b>		22. COUNTY/PROVINCE <b>STANISLAUS</b>		23. ZIP CODE <b>95358</b>		24. YEARS IN COUNTY <b>30</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>DOROTHY HEIMBACH, MOTHER</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>3766 NEVADA AVE., RIVERBANK, CA 95367</b>									
28. NAME OF SURVIVING SPOUSE/SPDOP-FIRST <b>-</b>		29. MIDDLE <b>-</b>		30. LAST (BIRTH NAME) <b>-</b>							
31. NAME OF FATHER/PARENT-FIRST <b>MICHAEL</b>		32. MIDDLE <b>-</b>		33. LAST <b>KONCHALSKI</b>		34. BIRTH STATE <b>UNK</b>					
35. NAME OF MOTHER/PARENT-FIRST <b>DOROTHY</b>		36. MIDDLE <b>JEAN</b>		37. LAST (BIRTH NAME) <b>SILVA</b>		38. BIRTH STATE <b>CA</b>					
39. DISPOSITION DATE mm/dd/yy <b>09/15/2023</b>		40. PLACE OF FINAL DISPOSITION RES; DOROTHY HEIMBACH <b>3766 NEVADA AVE., RIVERBANK, CA 95367</b>		41. TYPE OF DISPOSITIONS <b>CREMATE/RESIDENCE</b>		42. SIGNATURE OF EMBALMER <b>► NOT EMBALMED</b>		43. LICENSE NUMBER <b>-</b>			
44. NAME OF FUNERAL ESTABLISHMENT <b>EATON FAMILY FUNERAL SERVICE</b>		45. LICENSE NUMBER <b>FD1635</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>► THEOGNOSIA PAPASOZOMENOS, MD</b>		47. DATE mm/dd/yy <b>09/15/2023</b>					
101. PLACE OF DEATH <b>CENTRAL VALLEY SPECIALTY HOSPITAL</b>		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ENOP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Other							
104. COUNTY <b>STANISLAUS</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>730 17TH ST</b>		106. CITY <b>MODESTO</b>							
107. CAUSE OF DEATH Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBRVE. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>(A) CARDIOPULMONARY ARREST</b> Sequentially, list conditions, if any, that contributed to death. Use A, B, C, etc. UNDERLYING CAUSE (disease or condition that initiated the events resulting in death) LAST <b>(B) SEPTIC SHOCK</b> <b>(C) OSTEOMYELITIS</b> <b>(D)</b>				Time Interval Between Onset and Death <b>(A) SEC</b>		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>REFERRAL NUMBER</b>					
				109. BIOPSY PERFORMED? <b>(B) DAY</b>		110. AUTOPSY PERFORMED? <b>(C) MOS</b>					
				111. USED IN DETERMINING CAUSE? <b>(D)</b>		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive <b>07/25/2023 09/10/2023</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>► RAJWINDER BAHIA, MD</b>		116. LICENSE NUMBER <b>A106330</b>		117. DATE mm/dd/yy <b>09/15/2023</b>			
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Could not be determined <input type="checkbox"/> Investigation <input type="checkbox"/> Determined		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>RAJWINDER SINGH-BAHIA, MD 730 17TH ST., MODESTO, CA 95354</b>		120. INJURED AT WORK? <b>YES</b>		121. INJURY DATE mm/dd/yy <b>09/10/2023</b>		122. HOUR (24 Hour) <b>2126</b>			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city, and zip)		126. SIGNATURE OF CORONER / DEPUTY CORONER <b>Theognosia Papasozomenos, MD, MPH</b>		127. DATE mm/dd/yy <b>09/26/2023</b>		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A	B	C	D	E			FAX AUTH.#	CENSUS TRACT	

This is to certify that this document is a true copy of the official record filed with the Stanislaus County Health Services Agency.

*Thegnosia Papasozomenos*

THEOGNOSIA PAPASOZOMENOS, MD, MPH  
LOCAL REGISTRAR OF VITAL STATISTICS

DATE ISSUED

09/26/2023



This copy is not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CASTANISLO1

